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## FEC FORM 2

## STATEMENT OF CANDIDACY

| 1 (   |   |                            |                  |             |                                    |   |                |  |
|---|---|----------------------------|------------------|-------------|------------------------------------|---|----------------|--|
| 1. (  | a) Name of Candidate (in full)  |                            |                  |             |                                    |   |                |  |
|   | AYYADURAI, SHIVA, , DR,   |                            | ale if a dilinin |             |                                    | O Condidate - FFO 13 (1)                            | ination Number |  |
| (   | b) Address (number and street)<br>701 CONCORD AVE   | ☐ Check if address changed |                  |             |                                    | Candidate's FEC Identification Number     S8MA00268 |                |  |
| (   | c) City, State, and ZIP Code  |                            |                  |             |                                    | 3. Is This New                                      | Amended        |  |
|   | CAMBRIDGE   |                            | MA               | 02138       |                                    | Statement (N)                                       | OR (A)         |  |
|   | Party Affiliation   | 5. Office Sought           |                  |             |                                    | rict of Candidate                                   |                |  |
|   | REPUBLICAN PARTY  | Senate                     |                  |             | MA                                 | 00  |                |  |
| DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE   |   |                            |                  |             |                                    |   |                |  |
| 7. I  | I hereby designate the following named political committee as my Principal Campaign Committee for the 2024 (year of election) |                            |                  |             |                                    |   |                |  |
| N   | NOTE: This designation should be filed with the appropriate office listed in the instructions.                                |                            |                  |             |                                    |   |                |  |
| (   | a) Name of Committee (in full) SHIVA 4 SENATE   |                            |                  |             |                                    |   |                |  |
| (   | b) Address (number and street)<br>701 CONCORD AVENUE  |                            |                  |             |                                    |   |                |  |
|   | c) City, State, and ZIP Code  |                            |                  |             |                                    |   |                |  |
|   | CAMBRIDGE   |                            |                  |             | MA                                 | 02138   |                |  |
|   | O/ WINDI VID OL   |                            |                  |             |                                    |   |                |  |
| DESIGNATION OF OTHER AUTHORIZED COMMITTEES  (Including Joint Fundraising Representatives)  8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my |   |                            |                  |             |                                    |   |                |  |
|   | candidacy.  |                            | . , .            | •••         |                                    |   |                |  |
| r   | NOTE: This designation should be f  | led with the princi        | ipai campaign    | committe    | e.                                 |   |                |  |
| (   | a) Name of Committee (in full)  |                            |                  |             |                                    |   |                |  |
|   | b) Address (number and street)  |                            |                  |             |                                    |   |                |  |
|   |   |                            |                  |             |                                    |   |                |  |
|   |   |                            |                  |             |                                    |   |                |  |
| (   | c) City, State, and ZIP Code  |                            |                  |             |                                    |   |                |  |
| (   | c) City, State, and ZIP Code  |                            |                  |             |                                    |   |                |  |
| (   |   | mined this Statem          | nent and to the  | e best of r | my knowledge a                     | nd belief it is true, correct an                    | d complete.    |  |
|   |   | mined this Statem          | nent and to the  | e best of r | my knowledge a                     | nd belief it is true, correct an                    | d complete.    |  |
| Sigi  | I certify that I have exa   | mined this Statem          | nent and to the  |             | ny knowledge a<br>ronically Filed] |   | d complete.    |  |
| Sigi<br>AYY   | I certify that I have exa   |                            |                  | [Elect      | ronically Filed]                   | <b>Date</b> 12/14/2020                              |                |  |
| Sigi<br>AYY   | I certify that I have exa<br>nature of Candidate<br>YADURAI, SHIVA, , ,   |                            |                  | [Elect      | ronically Filed]                   | <b>Date</b> 12/14/2020                              |                |  |

FEC FORM 2 (REV. 02/2009)